

Bullous retinoschisis



Figure 1: Ultra-wide field laser scanning imaging (California P200dtX, Optos) showing bullous retinoschisis

A 59-year-old asymptomatic male was referred to our tertiary care center with suspected left inferior bullous retinal detachment. His best corrected visual acuity (BCVA) was 20/20 in right eye and 20/60 in left eye. Anterior segment examination was unremarkable. Binocular indirect ophthalmoscopic examination revealed an elevated, smooth, dome-shaped retinal lesion from 4 o'clock to 8 o'clock extending posterior to the equator, suggestive of bullous retinoschisis. Scleral indentation revealed no obvious break. He underwent ultra-wide field laser scanning imaging (California P200dtX, Optos) [Fig. 1]. Degenerative retinoschisis can be of two types- flat and bullous type. Bullous or reticular retinoschisis is known to occur in the periphery and often extends posterior to the equator.^[1,2] Management is usually observation unless retinoschisis is accompanied with rhegmatogenous retinal detachment.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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